DECLARATION - Utility or Design Patent Application						
Direct all correspondence to: [] Customer Number or Bar Code Lal	ibel [] or [X] Correspondence address below				
Name: MICHAEL P. DILWORTH						
Address: CROMPTON CORPORATION						
City: BENSON ROAD, MIDDLEBURY,	Si	tat <u>e: C</u>	ONNECTICUT	Zip: 06749		
Country: United States of America	Т	elepho	ne: 203-573-3313	Fax: 203-573-2261		
I hereby declare that all statements made herein of my own knowledge are be true; and further that these statements were made with the knowledge imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statement.	that wilf	ful false	statements and the lik	e so made are punishable by fine or		
NAME OF SOLE OR FIRST INVENTOR:	[]A	petitio	n has been filed for thi	s unsigned inventor		
Given Name (first and middle [if any]) Jens				Family Name or Surname RÖDER		
Inventor=s Signature: Jons Kolley			Date: Felo	may 27, 2005		
Inventor=s Signature: Jons Rolls Street: Schloßstrasse 37			Country: GERMANY	Citizenship: GERMAN		
Mailing Address:				•		
City: Frankfurt/Main	5	State	Zip 60486			
NAME OF SECOND INVENTOR:	[]A	petition	n has been filed for thi	s unsigned inventor		
Given Name (first and middle [if any]) Andrea				Family Name or Surname KAPRIES		
Inventor=s Signature: Indrea Unipries			Date: Fel	bruary 21, 2005		
Street: Schüttwall 33			Country: GERMANY	Citizenship: GERMAN		
Mailing Address:						
City: Herbern	s	State	Zip 59387			
NAME OF THIRD INVENTOR:	[] A	petition	has been filed for thi	s unsigned inventor		
Given Name (first and middle [if any]) Liane				Family Name or Surname FRANKE		
Inventor=s Signature: Lace Hacelel			Date: Fely	uary 27, 2005		
Street: Westpreußenstrasse 14b			Country: GERMANY	Citizenship: GERMAN		
Mailing Address:						
City: Datteln	S	State	Zip 45711			
Additional inventors are being named on the supplemental A	Additional	Invent	or(s) sheet(s) PTO/SB	/02A attached hereto		

[page 2]

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DECLARATION - Utility or Design Patent Application Direct all correspondence to: [] Customer Number or Bar Code Label [] or [X] Correspondence address below Name: MICHAEL P. DILWORTH Address: **CROMPTON CORPORATION** State: CONNECTICUT Zip: 06749 BENSON ROAD, MIDDLEBURY, City: Fax: 203-573-2261 Telephone: 203-573-3313 Country: **United States of America** I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued NAME OF FOURTH INVENTOR: [] A petition has been filed for this unsigned inventor Family Name Given Name or Surname SCHUMACHER (first and middle [if any]) Date: February 27,2005 Inventor=s Signature: Country: Citizenship: GERMAN Street: St.-Johannes 52-GERMANY Mailing Address: City: Werne State Zip 59368 [] A petition has been filed for this unsigned inventor NAME OF FIFTH INVENTOR: Given Name Family Name (first and middle [if any]) or Surname CANISIUS Inventor=s Signature: Date: Citizenship: GERMAN Street: Am Hain 24 Country: **GERMANY** Mailing Address: City: Bochum State Zip 44787 NAME OF SIXTH INVENTOR: [] A petition has been filed for this unsigned inventor Given Name Family Name (first and middle [if any]) or Surname Inventor=s Signature: Date: Citizenship: GERMAN Street: Country: **GERMANY** Mailing Address: City: State Zip

[page 3]

supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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Additional inventors are being named on the

		Application Number		1			
DOWED OF		Filing Date:					
POWER OF		First Named Inventor:		DÖDDD			
ATTORNEY O	R			RÖDER			
. AUTHORIZATION	ON	Title:		Stabilizer System for Stabilizing Haloger Containing Polymers			
OF AGENT		Group Art Unit:					
		Examiner Name:					
		Attorney Docket Number:		BE60146			
I hereby appoint: [] Practitioners at Customer Number [] → [Place Customer Number Bar Code Label here [] OR [X] Practitioner(s) named below:							
	NAME		27.21	REGISTRATION NUMBER			
Michael P. Dilworth			37,31				
Daniel Reitenbach			30,97				
Kenneth D. Tremain			20,51	8	·····		
Please change the correspondence address for the above-identified application to: [] The above-mentioned Customer Number OR [] Practitioners at Customer Number [] → [Place Customer Number Bar Code Label here] OR [X] Firm or CROMPTON CORPORATION							
Individual Name: Address: Bense	on Ro	ad					
	llebury		tate	CT	Zip: 06749		
		States of America					
	573-33		ax:	203-573-	2261		
I am the: [X] Applicant/Inventor. [] Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record							
Name: Johannes Canisius							
Signature:		1/60					
Date:	February 21, 2005/						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. [X]* Total of four (4) forms are submitted.							

		Application Number		<u> </u>	. <u> </u>		
POWER	OF	Filing Date:					
ATTORNE	Y OR	First Named Inventor:		RÖDER et al.			
AUTHORIZ		Title:		Stabilizer System for Stabilizing Haloge Containing Polymers			
OF AGE	NT	Group Art Unit:					
		Examiner Name:					
		Attorney Docket Number		BE60146			
I hereby appoint: [] Practitioners at Customer Number [] → [Place Customer Number Bar Code Label here [] OR [X] Practitioner(s) named below:							
Michael P. Dilwo	NAME		27.2	REGISTRATION NUMBER 37,311			
Daniel Reitenbach							
Kenneth D. Trems			30,97				
Kenneth D. Trems	am		20,5	10			
As my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: [] The above-mentioned Customer Number OR [] Practitioners at Customer Number [] Place Customer Number Bar Code Label here] OR							
[X] Firm or Individual Name:	CROMPTO	CROMPTON CORPORATION					
Address:	Benson Ro	ad	·				
Address:	Middlebury	7	state	CT Zip:	06749		
Country:		es of America					
Telephone:	203-573-33		ax:	203-573-2261			
I am the: [X] Applicant/Inventor. [] Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record							
Name:	Jens I	Jens Röder					
Signature:							
Date:	Zara	James Jebruary 21,2005					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. [X]* Total of four (4) forms are submitted.							

Application Number Filing Date: **POWER OF** First Named Inventor: RÖDER et al. ATTORNEY OR Stabilizer System for Stabilizing Halogen-Title: AUTHORIZATION Containing Polymers Group Art Unit: OF AGENT Examiner Name: **BE60146** Attorney Docket Number: I hereby appoint: [] Practitioners at Customer Number [____] → [Place Customer Number Bar Code Label here [_ [X] Practitioner(s) named below: NAME REGISTRATION NUMBER Michael P. Dilworth 37,311 30,970 Daniel Reitenbach Kenneth D. Tremain 20,518 As my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: [] The above-mentioned Customer Number [] Practitioners at Customer Number [____] → [Place Customer Number Bar Code Label here] **CROMPTON CORPORATION** [X] Firm or Individual Name: Address: Benson Road CT Zip: 06749 Address: Middlebury State Country: United States of America 203-573-3313 203-573-2261 Telephone: Fax: I am the: [X] Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name: Liane Franke Signature:

February 27, 2005

multiple forms if more than one signature is required, see below*.

[X]* Total of four (4) forms are submitted.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit

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Date:

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		Application Number					
POWER	OF	Filing Date:					
ATTORNE		First Named Inventor:		RÖDER et al.			
AUTHORIZ		Title:			m for Stabilizing Halogen-		
OF AGE		Group Art Unit:		Containing Poly	ymers		
OF AGE		Examiner Name:					
		Attorney Docket Number:		BE60146			
I hereby appoint: [] Practitioners at Customer Number [] → [Place Customer Number Bar Code Label here [] OR [X] Practitioner(s) named below:							
	NAME			REGISTRATI	ON NUMBER		
Michael P. Dilwo			37,311	37,311			
Daniel Reitenbach	h		30,970)			
Kenneth D. Trem	ain		20,518	<u> </u>			
As my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: [] The above-mentioned Customer Number OR [] Practitioners at Customer Number [] → [Place Customer Number Bar Code Label here] OR							
[X] Firm or Individual Name:	CROMPTON CORPORATION						
Address:	Benson Ro						
Address:	Middlebur		ate	CT	Zip: 06749		
Country:		tes of America					
Telephone:	203-573-33	Fax: 203-573-2261					
 I am the: [X] Applicant/Inventor. [] Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) 							
SIGNATURE of Applicant or Assignee of Record							
Name:	Andrea Kapries						
Signature:	Indrea	Undrea Magnis					
Date:	Febru	February 27, 2005					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. [X]* Total of four (4) forms are submitted.							
[A] Total of four (4) forms are submitted.							

		Application Number					
POWER	OF	Filing Date:			-		
_		First Named Inventor:			PÖDE	D ot al	
ATTORNE		Title:			RÖDER et al. Stabilizer System for Stabilizing Halogen		
AUTHORIZA			·			g Polymers	
OF AGE	NT	Group Art Unit:				<u> </u>	
		Examiner Name:					
		Attorney Docket Num	oer:		BE6014	6	
I hereby appoint: [] Practitioners at Customer Number [] → [Place Customer Number Bar Code Label here [] OR [X] Practitioner(s) named below:							
	NAME				REGISTR	ATION NUMBER	
Michael P. Dilwor	th	•	3	37,311			
Daniel Reitenbach			3	0,970)		
Kenneth D. Trema	in	•	2	20,518	3		
[] Practitioners at Customer Number [] → [Place Customer Number Bar Code Label here] OR [X] Firm or							
	Benson Ro	oad					
Address:	Middlebur	У	State	;	CT	Zip: 06749	
Country:	United Sta	tes of America			·	····	
	203-573-3	313	Fax:		203-57	3-2261	
I am the: [X] Applicant/Inventor. [] Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record							
Norman Aller							
Name:	Olive	er Schumacher	UK	100	07		
Signature:							
Date:	tela	mary 27, 2005					
multiple forms if more than	inventors or as one signature is	signees of record of the entir s required, see below*.	e interest	or their r	epresentativ	e(s) are required. Submit	
[X]* Total of four (4) f	orms are subr	nitted.					

PTO/SB/01 (10-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

DECLARAT	TION FOR	Attorney Docket No.:	BE60146					
	UTILITY OR DESIGN First Named Inventor: RÖDER et al.							
PATENT APP		COMPLETE IF KNOWN						
(37 CFF	R 1.63)	Application Number:						
X Declaration	Declaration	Filing Date:						
Submitted OR With initial	Submitted after	Art Unit:						
Filing	(Surcharge	Examiner Name:						
As the below named inver	ntor, I hereby declare that	:	•					
My residence, mailing addr	ess, and citizenship are state	ed below next to my name.						
I believe I am the original a	nd first inventor of the subje	ect matter which is claimed a	and for which a patent is sou	ght on the invention entitled:				
	Cataly	tic composition of organoti		-				
		(Title of the Invention)					
the specification of which [X] is attached hereto,	[X] is attached hereto,							
[] was filed on (MM/DD/ And was amended on [CT International Application	No. []				
	I hereby state that I have reviewed and understood the contents of the above identified specification, including the claims, as amended by any amendment							
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
			· · · · · · · · · · · · · · · · · · ·					
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor=s or plant breeder=s rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor=s or plant breeder=s rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Country	Foreign Filing Date	Priority Not Claimed	Certified Copy Attached? YES NO				
102 56 084.6	Germany	November 29, 2002	[]	[] [X]				
PCT/EP03/13221	PCT	November 25, 2003	[]					
[] Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								